



These survey questions address key transition issues of youth with special needs, including medical home, insurance, independent living skills, and youth decision making.

First, we have some questions about your health and health care now:

1. Do you have a doctor or clinic that you go to when you are sick or need a checkup?
 YES NO

IF YES: Specific Doctor Clinic

How often have you been to your doctor or clinic in the past year?

- not at all
- once
- every 6 months (about 2 times per year)
- every 3 months (about 4 times per year)
- monthly (about 12 times per year)
- more than monthly (more than 12 times per year)
- don't know

Does this doctor know how to manage your condition/special needs?	<input type="radio"/> YES <input type="radio"/> NO
Can you get care with this doctor or clinic when you need it?	<input type="radio"/> YES <input type="radio"/> NO
Does this doctor listen to your concerns and questions?	<input type="radio"/> YES <input type="radio"/> NO
Does this doctor help you find specialty care when you need it?	<input type="radio"/> YES <input type="radio"/> NO

2. Do you have doctors for your specialty care, such as orthopedics or heart condition? YES NO
 Do these doctors or clinics know how to manage your condition/special needs? YES NO
3. Have you gone to an emergency room this past year? YES NO
 IF YES, how many times? _____
 For what? _____
4. Are you able to get what you need to manage your health condition? YES NO

If NO, what do you have trouble getting (check all that apply):
 Medications Supplies Equipment Other – please describe

5. How do you pay for your medical care? Do you have:
- private insurance through your job
 - private insurance through a family member
 - private insurance through college/student health plan
 - public/government insurance: Medical card, Medicaid, Medicare or CHAMPUS please specify: _____
 - don't have insurance, so you pay for services (out of pocket)
 - some other individual pays for you
 - don't know
6. If you have health insurance, does it cover your needs? YES NO
 If NO, what is not covered? _____

- not enough energy to work
- get over my fears of working
- my parents have to let go
- other _____

14. IF you are working now, what is your job title or what do you do at work?

Over the past year, on average, how many hours have you worked per week _____

15. Do you get an SSI check? YES NO
 If YES, Do you know about SSI Work Incentives? YES NO

16. During the past week, how often did you take part in social, religious or recreation activities like meetings, sports, parties, or church?
- Not at all
 - 1-2 times
 - 3-5 times
 - more than 5 times

17. What do you need to help you increase your independence and participate in community activities?

- | | |
|---|--|
| <input type="radio"/> transportation | <input type="radio"/> community recreation opportunities |
| <input type="radio"/> drivers' education | <input type="radio"/> counseling |
| <input type="radio"/> personal care attendant | <input type="radio"/> support groups |
| <input type="radio"/> housing or vehicle modifications | <input type="radio"/> help in managing money |
| <input type="radio"/> education | <input type="radio"/> finding health insurance |
| <input type="radio"/> help to get a job | <input type="radio"/> more experience making decisions |
| <input type="radio"/> help managing your health condition | <input type="radio"/> no help needed |

Other (please describe):

18. Did a program (state or agency or physician office name) help you to:	
Manage your condition	<input type="radio"/> YES <input type="radio"/> NO
Find adult health care	<input type="radio"/> YES <input type="radio"/> NO
Find health insurance	<input type="radio"/> YES <input type="radio"/> NO
Prepare for work	<input type="radio"/> YES <input type="radio"/> NO
Learn to make your own decisions	<input type="radio"/> YES <input type="radio"/> NO

Last, we have some general questions.

19. Who do you live with?

- parents
- husband/wife or boyfriend/girlfriend
- children
- other family such as grandparents, brother, sister, aunt, uncle
- friends in house or apartment
- dormitory
- alone
- other _____

20. What is your diagnosis, condition, special need?

21. About YOU

How old are you – on your last birthday- Age_____

Sex: Male Female

Are you: single married divorced separated

Do you have children? YES NO

If YES, how many_____

Please identify your ethnicity/race as you perceive related to these categories:

- Asian/Pacific Islander Mixed Racial Background
- Black/African American White (non-Hispanic)
- Hispanic/Latino Other, please specify
- Native American/Alaskan tribe Decline to Answer

22. Do you have any other comments about your transition to adulthood?

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HRTW Phase II Projects are currently active in Arizona, Iowa, Maine, Mississippi, and Wisconsin.

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